

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>10/575618</b>		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		2		1			53						
4		2		1			54						
5		2		1			55						
6		2		1			56						
7		2		1			57						
8		2		1			58						
9		①		1			59						
10		①		1			60						
11		①		1			61						
12		①		1			62						
13		①		1			63						
14		①		1			64						
15		①		1			65						
16		①		1			66						
17		①		1			67						
18		①		1			68						
19		①		1			69						
20		①		1			70						
21		①		1			71						
22		①		1			72						
23		①		1			73						
24		①		1			74						
25		①		1			75						
26		①		1			76						
27		①		1			77						
28		①		1			78						
29		①		1			79						
30		①		1			80						
31		①		1			81						
32	1		1				82						
33	1		1				83						
34	1						84						
35	1						85						
36	1						86						
37		①					87						
38		①		1			88						
39		①		1			89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	6	↓	3	↓	0	↓	TOTAL IND.	0	↓	0	↓	0	↓
TOTAL DEP.	39	←	32	←	0	←	TOTAL DEP.	0	←	0	←	0	←
TOTAL CLAIMS	45		35		0		TOTAL CLAIMS	0		0		0	